BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

09/890231

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE (OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA	·	BASIC FEE	·	OR	BASIC FEE	860
TOTAL CHARGEABLE CLAIMS			47 minus 20=		· 47	- 		X\$ 9=		OR	X\$18=	486
INDEPENDENT CLAIMS			1 p minus 3 =		בי			X40=		OR	X80=	560
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1906
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	-20	Minus	" H	7	3		X\$ 9=		OR-	X\$18=	
	Independent	ENTATION OF MI	Minus	*** /(CLAIM	=		X40=		OR	X80=	
<u> </u>				CHOCH	02711111		'	+135=		OR	+270=	
							_	TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	••		5		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MU	Minus	ENDENT	CLAIM	=		X40=		OR	X80=	
	THIS THE MESE	MATION OF MIC	CHIPCE DEP	CNOCIVI	CLAIM		ן י	+135=		OR	+270=	
					LP.		A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)				•		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	
AME	Independent	NITATION OF M	Minus	***		=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=										OR	+270=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE										L	TOTAL ADDIT, FEE	
1	i the "Highest Nu	mber Previously Paid ber Previously Paid	id For IN THIS	S SPACE IS	s less than	n 3. enter "3."	_	_		•		